

<i>SERFF Tracking Number:</i>	<i>HUMA-127000675</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>47782</i>
<i>Company Tracking Number:</i>	<i>AR-11-001</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>CC2003 et al</i>		
<i>Project Name/Number:</i>	<i>Rewards/PC107</i>		

## Filing at a Glance

Company: Humana Insurance Company

Product Name: CC2003 et al

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001A Any Size Group - PPO

Filing Type: Form

SERFF Tr Num: HUMA-127000675 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 47782

Co Tr Num: AR-11-001

State Status: Approved-Closed

Author: Wendy Jeffries

Reviewer(s): Rosalind Minor

Date Submitted: 01/25/2011

Disposition Date: 02/03/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Rewards

Project Number: PC107

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 02/03/2011

State Status Changed: 02/03/2011

Created By: Wendy Jeffries

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

We respectfully submit for your review and approval on a general use basis the attached forms utilizing the matrix element concept. These forms are for use in the large group and small group market with our Humana Insurance Company Policy Series: CC2003-P, Certificate series: CC2003-C contract/certificate. Deleted languages is denoted with 3 blue carets (^^^) and new language is in blue font. Please be advised that it is not our intent to use variability to reduce any benefits or provisions below any statutory or regulatory requirement.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: n/a

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Wendy Jeffries

## Company and Contact

SERFF Tracking Number:	HUMA-127000675	State:	Arkansas
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### Filing Contact Information

Wendy Jeffries, Regional Contract Analyst	wjeffries@humana.ocm
321 W. Main Street	502-580-1783 [Phone]
6th Floor, East Tower	
Louisville, KY 40202	

### Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form at \$50 each equals \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	01/25/2011	44069821

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	02/03/2011	02/03/2011

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## Disposition

Disposition Date: 02/03/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>HUMA-127000675</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Disclosure Provisions	Approved-Closed	Yes

SERFF Tracking Number:	HUMA-127000675	State:	Arkansas
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## Form Schedule

**Lead Form Number: CC2003-C**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 02/03/2011	CC2003-C	Certificate	Disclosure Provisions	Initial			240 PGN Disclose 01- 11 (a).pdf

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## [DISCLOSURE PROVISIONS]

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### Discount programs

From time to time, *we* may offer or provide access to discount programs to *you*. In addition, *we* may arrange for third party service providers such as pharmacies, optometrists, dentists and alternative medicine providers to provide discounts on goods and services to *you*. Some of these third party service providers may make payments to *us* when *covered persons* take advantage of these discount programs. These payments offset the cost to *us* of making these programs available and may help reduce the costs of *your* plan administration. Although *we* have arranged for third parties to offer discounts on these goods and services, these discount programs are not insured benefits under the *policy*. The third party service providers are solely responsible to *you* for the provision of any such goods and/or services. *We* are not responsible for any such goods and/or services, nor are *we* liable if vendors refuse to honor such discounts. Further, *we* are not liable to *covered persons* for the negligent provision of such goods and/or services by third party service providers. Discount programs may not be available to persons who “opt out” of marketing communications and where otherwise restricted by law.

231000

### Global emergency assistance

*We* have arranged to make a global emergency assistance program available to *you*. This is not an insured benefit and *we* are not liable or responsible for any global emergency services provided to *you*.

The global emergency assistance program connects *you* and *your* enrolled dependents to doctors, hospitals, pharmacies and certain other services when *you* are faced with an emergency while traveling [100] miles or more from *your* legal residence or in another country that is not *your* country of residence for less than [90] days. *You* will receive a brochure explaining how to access this program.

The global emergency assistance program does not replace *your* health benefits. Any medical coverage provided by *us* is subject to the provisions, limitations and exclusions specified in this *certificate*.

231050 07/07

### Rewards<sup>^^^</sup>

<sup>^^^</sup>

From time to time *we* may enter into agreements with third parties who administer Rewards programs that may be available to *you*. Through these programs, *you* may earn rewards by:

- Completing certain activities such as wellness, educational, or informational programs; or
- Reaching certain goals such as lowering blood pressure or becoming smoke free.

The rewards may include non-insurance benefits such as [merchandise][,] [gift cards][,] [debit cards][,] [discounts] [or] [contributions to *your* health spending account]. *We* are not responsible for any rewards that are non-insurance benefits or for *your* receipt of such reward.

[The rewards may also include insurance benefits such as [credits toward premium] [or] [a reduction in [copayments]][,] [deductibles] [or] [coinsurance]][, as permitted under applicable state and federal laws].]

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## [DISCLOSURE PROVISIONS (continued)]

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The rewards may be taxable income. *You* may consult a tax advisor for further guidance.

*Our* agreement with any third party does not eliminate any of *your* obligations under this *policy* or change any of the terms of this *policy*. *Our* agreement with the third parties and the program may be terminated at any time[, although insurance benefits will be subject to applicable state and federal laws].

Please call the telephone number listed [on *your* identification card] [or] [in the marketing literature issued by the Rewards program administer] for a possible alternative activity if:

- It is unreasonably difficult for *you* to reach certain goals due to *your* medical condition; or
- *Your health care practitioner* advises *you* not to take part in the activities needed to reach certain goals.

[The Rewards program administrator] [or] [*we*] may require proof in writing from *your health care practitioner* that *your* medical condition prevents *you* from taking part in the available activities.

The decision to participate in these programs or activities is voluntary and *you* may decide to participate anytime during the *year*. Refer to the marketing literature issued by the Rewards program administrator for their program's eligibility, rules and limitations.

231075 01/11

### Shared savings program

[As a member of a Preferred Provider Organization Plan, *you* are free to obtain services from providers participating in the Preferred Provider Organization network (*network providers*), or providers not participating in the Preferred Provider Organization network (*non-network providers*). If *you* choose a *network provider*, *your* out-of-pocket expenses are normally lower than if *you* choose a *non-network provider*.]

*We* have a Shared Savings Program that may allow *you* to share in discounts *we* have obtained from [*non-network providers*] [providers].

[Although *our* goal is to obtain discounts whenever possible, *we* cannot guarantee that services rendered by *non-network providers* will be discounted. The [*non-network provider*] discounts in the Shared Savings Program may not be as favorable as *network provider* discounts.]

[In most cases, to maximize *your* benefit design and minimize *your* out-of-pocket expense, please access *network providers* associated with *your* plan.]

[If *you* choose to obtain services from a *non-network provider*,] it is not necessary for *you* to inquire about a provider's status in advance. When processing *your* claim, *we* will automatically determine if that provider is participating in the Shared Savings Program and calculate *your deductible* and *coinsurance* on the discounted amount. *Your* Explanation of Benefits statement will reflect any savings with a remark code used to reference the Shared Savings Program.



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## [DISCLOSURE PROVISIONS (continued)]

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However, if *you* would like to inquire in advance to determine if a [*non-network provider*] [provider] participates in the Shared Savings Program, please contact *our* customer service department at the telephone number shown on *your* identification card. Please note provider arrangements in the Shared Savings Program are subject to change without notice. *We* cannot guarantee that the provider from whom *you* received treatment is still participating in the Shared Savings Program at the time treatment is received. Discounts are dependent upon availability and cannot be guaranteed.

*We* reserve the right to modify, amend or discontinue the Shared Savings Program at any time.  
231100

*SERFF Tracking Number:* HUMA-127000675

*State:* Arkansas

*Filing Company:* Humana Insurance Company

*State Tracking Number:* 47782

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*Product Name:* CC2003 et al

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	02/03/2011
<b>Comments:</b> see attached		
<b>Attachments:</b> AR-11-001 Certificate of Compliance-Bulletin 9-85.pdf AR-11-001 Certification of Compliance-Rule & Regulation 19.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	02/03/2011
<b>Bypass Reason:</b> only filing certificate - App previously approved 11/12/2010.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	02/03/2011
<b>Bypass Reason:</b> not a PPACA filing		
<b>Comments:</b>		

TO: Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: GROUP HEALTH INSURANCE FORMS FILING  
HUMANA INSURANCE COMPANY  
POLICY SERIES: CC2003  
NAIC#: 73288  
FEIN#: 39-1263473  
INTERNAL FILING NUMBER: AR-11-001

### **CERTIFICATION OF COMPLIANCE**

I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify to the best of my knowledge and belief that they are in compliance with Bulletin 9-85 of the state of Arkansas.



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(Signature)

J. Gregory Catron  
Vice President and Assistant General Counsel  
Humana Insurance Company

01/25/2011

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(Date)

Individual responsible for this filing:

Wendy Jeffries  
Contract Analyst  
Product Compliance

TO: State of Arkansas  
Office of the Commissioner of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

FORM: See Form Schedule tab for a list of forms.

**CERTIFICATION OF COMPLIANCE**  
Arkansas Rule and Regulation 19

I, J. Gregory Catron, an officer of Humana Insurance Company, hereby certify that I have authority to bind and obligate the company by the filing of this form. I further certify that, to the best of my knowledge, information and belief:

- (a) The accompanying form as identified above does comply with all applicable provisions of the Arkansas Rule and Regulation 19; and
- (b) The form does meet the Flesch reading ease test for a score of 40 for all applicable policies, certificates and certificate riders unless the Commissioner of Insurance of the State of Arkansas requires a lower score;



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J. Gregory Catron  
Vice President and Assistant General Counsel  
Humana Insurance Company

January 25, 2011  
Date

Individual responsible for this filing:

Wendy Jeffries  
Contract Analyst  
Product Compliance